



## FEDERAL RESERVE FINANCIAL SERVICES

ATLANTA BOSTON CHICAGO CLEVELAND DALLAS KANSAS CITY MINNEAPOLIS  
NEW YORK PHILADELPHIA RICHMOND ST. LOUIS SAN FRANCISCO

In developing FedACH International<sup>®</sup> Services, we have learned the value of helping participating institutions promote these services to their customers. Many times, individuals and companies contact us and ask which institutions in their area offer international ACH payments. We believe that by creating a list of participating institutions we can help you connect with potential customers and also enhance your presence in the financial marketplace. For these reasons, we have created a Participant Registry and would very much like to include you in this listing. There is no charge for this service.

To have your head office and branch locations presented in our FedACH International Services Participant Registry please complete the enclosed authorization form at your earliest convenience. Whether or not you wish to be listed on the registry, we still encourage you to complete and return the contact information section of the form. With this information, we can remain in contact with you for any service updates, developments, and other relevant information you might need.

We thank you for your current participation in the FedACH International Services and look forward to strengthening this relationship. As you complete the authorization form, please feel free to contact us at [rpo.fedachi@atl.frb.org](mailto:rpo.fedachi@atl.frb.org) should you have any questions.

Best Regards,

FedACH International Services

## Authorization Form for FedACH International® Services Participant Registry

Please fax the completed form to Elena Whisler at 404-498-8718

Participating Financial Institution		Nine Digit Routing (ABA) Number			
Address					
City		State	Zip Code		
Authorized Signatory Name and Title (Please Print)					
<p>The Signer of this agreement must appear as an authorized signature on your Institution's Official Authorization List that is currently on file with the Federal Reserve District servicing your Master Account.</p> <p>Authorized Signature: _____ Date: _____</p> <p><i>The following individual serves as the business development point of contact for FedACH International Services</i></p>					
Contact Name and Title (Please Print)					
Contact Phone Number		Contact Email Address			
Indicate the FedACH International Service your financial institution currently participates in:					
Austria		Mexico BAR Website		United Kingdom	
Canada		Netherlands		ALL	
Germany		Switzerland			
<p><i>For more information about FedACH International Services, please visit <a href="http://www.frbservices.org/Retail/intfedach.html">http://www.frbservices.org/Retail/intfedach.html</a> or contact your institution's Account Executive.</i></p>					

1. I authorize the Federal Reserve Bank to publicize my financial institution's name and location as a FedACH International Services Provider.  
     YES \_\_\_\_\_ NO \_\_\_\_\_
  
2. I authorize the Federal Reserve Bank to communicate with my financial institution's contact person specified above regarding product developments and events.  
     YES \_\_\_\_\_ NO \_\_\_\_\_
  
3. I authorize the Federal Reserve Bank to distribute my financial institution's contact information for outside inquiries (ex: another financial institution may contact my financial institution's contact person as reference for the FedACH International Services).  
     YES \_\_\_\_\_ NO \_\_\_\_\_

*If you answer NO to question 2 or 3, the contact information filled out above will not be distributed or released under any circumstance. It will be maintained only for Federal Reserve Bank internal use.*

ABA Number for Participating Financial Institution (copy from page 1)

**Please copy form to list additional branches**

Branch Name

Location (Street Address, City, State, Zip Code)

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Branch Name

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